

# **EXHIBIT A85**

Dec 6)

Arch Gynecol Obstet (2009) 280:925–931  
DOI 10.1007/s00404-009-1030-3

## ORIGINAL ARTICLE

# Does long-term talc exposure have a carcinogenic effect on the female genital system of rats? An experimental pilot study

Nadi Keskin · Yasemin Aktan Teksen ·  
Esra Gürlek Ongun · Yusuf Özay · Halil SaygılıReceived: 16 December 2008 / Accepted: 2 March 2009 / Published online: 20 March 2009  
© Springer-Verlag 2009**Abstract**

**Objective** In several studies, the prolonged exposure to talc has been associated with development of ovarian cancer. However, some studies have advocated contrary views. The present study aims to investigate histopathological changes and whether long-term talc exposure is associated with potential carcinogenic effects on the female genital organs of rats.

**Materials and methods** The present study was conducted at Dumlupınar University Medical Faculty and a total of 28

Sprague–Dawley rats were included. The experimental animals were allocated into four groups having seven rats each. Groups 1 and 2 served as controls, where the rats in Group 1 did not receive any intervention and Group 2 received intravaginal saline. Groups 3 and 4 received intravaginal or perineal talc application, respectively. Talc was applied for 3 months on a daily basis. Histopathological changes in the peritoneum and female genital system were evaluated. For statistical analyses, Fisher's exact test was carried out using SPSS.

**Findings** In both the groups exposed to talc (Groups 3 and 4), evidence of foreign body reaction and infection, along with an increase in inflammatory cells, were found in all the genital tissues. Genital infection was observed in 12 rats in the study group and 2 rats in the control group. Neoplastic change was not found. However, there was an increase in the number of follicles in animals exposed to talc. No peritoneal change was observed. In the groups not exposed to talc, similar infectious findings were found, but there was a statistically significant difference between the groups (Groups 1 and 2 vs. Groups 3 and 4,  $P > 0.05$ ). Neoplastic change was also not observed in these groups. Four groups were compared in terms of neoplastic effects and infections. In Groups 1, 5 rats were normal, two developed vulvovaginitis and endometritis with overinfection (in both ovaries), and one developed salpingitis (in both fallopian tubes), that is, infection was found in a total of two rats. In Group 2, only one experimental animal had endometritis. All the animals in Groups 3 and 4 developed infections.

**Conclusions** Talc has unfavorable effects on the female genital system. However, this effect is in the form of foreign body reaction and infection, rather than being neoplastic.

N. Keskin  
Department of Obstetrics and Gynecology,  
Dumlupınar University Medical Faculty, Kütahya, Turkey

Y. A. Teksen  
Department of Pharmacology,  
Dumlupınar University Medical Faculty, Kütahya, Turkey

E. G. Ongun  
Department of Pathology,  
Dumlupınar University Medical Faculty, Kütahya, Turkey

Y. Özay  
College of Health Science, Ahi Evran University, Kirsehir, Turkey

H. Saygılı  
Department of Obstetrics and Gynecology,  
İstanbul Medical Faculty, İstanbul University, İstanbul, Turkey

N. Keskin (✉)  
Dumlupınar Üniversitesi Tıp Fakültesi Hastanesi  
Kadın Hastalıkları ve Doğum Anabilim Dalı Kütahya,  
Tavşanlı yolu 10. km merkez kampusu, Kuhtiya, Turkey  
e-mail: nadikeskin@superonline.com

**Keywords** Talc · Ovary · Endometrium · Vulva

## Introduction

Various factors have been cited in the development of genital cancers. Many studies have been conducted regarding the potential role of talc in ovarian cancer and previously it had been widely accepted as an important etiological factor [1–4]. In recent years, some studies (meta-analysis) have been averse toward this concept [5, 6]. Asbestos is a well-known carcinogen, and described as having a particular role in the development of pleural and peritoneal mesothelioma [7]. Its association with ovarian cancer has also been demonstrated in several studies [8–10].

Talc and asbestos are both silicate minerals. Minerals are classified according to their anionic structure, and its subclasses are defined by chemical composition or structure. Classes and subclasses can be further divided into mineral groups on the basis of atomic structure and chemical similarities. Talc is a magnesium silicate hydroxide, characterized by water molecules trapped between silicate sheets, which belongs to the silicate subclass phyllosilicate and the clay group montmorillonite/smectite. The three other major phyllosilicate clay groups are kaolinite/serpentine, illite, and chlorite [5].

Asbestos is the generic or commercial name for six naturally occurring fibrous minerals including amosite, chrysotile, and crocidolite, which are used in industrial applications, and the fibrous varieties of tremolite, actinolite, and anthophyllite. Asbestos is morphologically distinct from talc and belongs to different silicate mineral groups and subgroups. The carcinogenic effects of asbestos have been extensively studied and documented in medical literature [10, 11]. It is clear that the morphologic structure of serpentine asbestos and the fibrous form of amphiboles is responsible for their carcinogenic properties, much more than its atomic constituents [12]. In contrast, talc, which is a member of the montmorillonite/smectite group, rarely occurs in the asbestiform habit (a mineral's fibrous pattern of growth). Even asbestiform talc is not as carcinogenic as asbestos owing to its chemical and physical properties [5].

Although a number of studies have examined the relation between talc and ovarian cancer, its effect on other female genital system tissues have not been investigated. In addition, the carcinogenic effect of talc has not been ascertained. The present experimental study aimed to examine carcinogenic effects of long-term talc exposure on genital system of female Sprague–Dawley rats.

## Materials and methods

### Experimental animals

The experimental study was conducted at Dumlupınar University Medical Faculty and approved by the institutional

ethics committee for animal experiments. A total of 28 Sprague–Dawley female rats weighing 200–250 g were used as experimental animals. Animals were kept in standard cages at room temperature under normal diurnal conditions (12 h day and 12 h night). Sufficient water and food intake was provided.

### Groups

The experimental animals were assigned into four different groups having seven rats each. Group 1 served as control and did not receive any intervention. Group 2 also served as control and 0.5 ml of saline was intravaginally administered to these animals. Groups 3 and 4 were study groups and received intravaginal and perineal talc application (100 mg in 0.5 ml of saline), respectively. Talc with saline was given in aerosol form to the animals; dust form was not applied. However, this application can be optimally intravaginal. Talc application was done daily for 3 months. At the beginning of the study, cervicovaginal smear samples were obtained from each animal between 08:00 and 09:00 a.m.

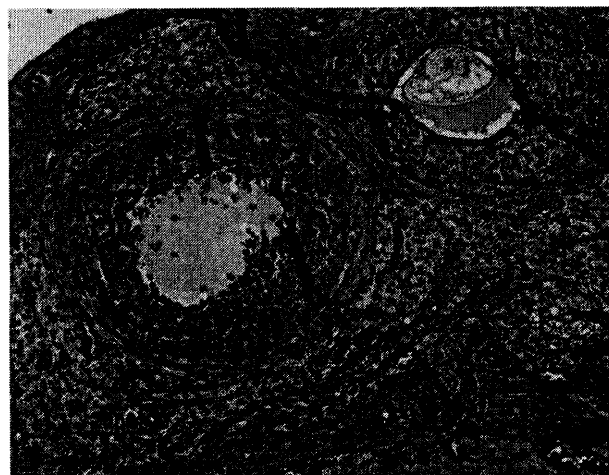
### Histopathological examination

At the end of the experiment, the animals were sacrificed under ether anesthesia by drawing blood from their hearts thus inducing hypovolemic shock. All the internal and external genital organs (vulva, vagina, uterus, fallopian tubes, and ovaries) were surgically removed and placed in 10% formaldehyde solution. The samples were examined for the changes in the peritoneum and female genital system. Hematoxylin and eosin (H&E) staining and light microscopy was used in the histopathological examination. For statistical analysis, Fisher's exact test was performed using the SPSS software. A *P* value <0.05 was considered significant.

## Findings

Baseline smears revealed the presence of vaginitis in only two experimental animals, whereas findings were normal for the remaining 26 rats. One of the rats detected with vaginitis belonged to the study group and one of them belonged to the control group. At baseline, the mean weight of all rats was  $226 \pm 24$  g (average weight of study groups was  $228 \pm 18$  g, control groups was  $224 \pm 30$  g) and the corresponding figure at the end of 3 months was  $240 \pm 20$  g ( $229 \pm 17$  g study groups,  $251 \pm 23$  g were found in the control groups) showing no significant change.

Foreign body reaction, findings of infection, and increased number of inflammatory cells were found in all groups exposed to talc (Groups 3 and 4). No neoplastic



**Fig. 1** An increase in the number of follicles was observed in the ovaries

change or peritoneal change was detected. Moreover, an increase in the number of follicles was observed in the ovaries of all animals in the control and study groups. (Fig. 1)

The four groups were compared in terms of neoplastic effects and infections. In Groups 1, 5 rats were normal, two developed vulvovaginitis and endometritis with over infection (in both ovaries), and one developed salpingitis (in both fallopian tubes). Infection was found in two rats. In Group 2, only one experimental animal had endometritis. In Groups 3 and 4, all the animals developed infection. Animals in Group 3 developed the following pathologies: vulvovaginitis ( $n = 5$ ), endometritis ( $n = 6$ ), pelvic infection ( $n = 4$ ), ovarian infection (a total of 7 ovaries in 3 animals), and salpingitis and tubal occlusion ( $n = 8$ ). In Group 4, all seven rats developed vulvovaginitis; furthermore, four developed endometritis, five developed pelvic infection, four developed ovarian infection (in eight ovaries), and two developed salpingitis and tubal occlusion (one unilateral

and one bilateral). The analysis using Fisher's exact test showed positive correlations between following groups: Group 3 and Group 1, Group 3 and Group 2, Group 4 and Group 1, and Group 4 and Group 2 ( $P < 0.05$ ). Other pairwise comparisons did not reveal significant results ( $P > 0.05$ ) (Table 1).

## Conclusions

The preliminary results show that in 28 rats from the 4 groups, talc had unfavorable effects on the female genital system. However, this effect seems to be in the form of foreign body reaction or infection rather than a neoplastic change. The results of previous studies are in favor of a neoplastic effect, particularly on the ovaries. However, more experimental and clinical studies are warranted to reach firm conclusions. In the study and control groups used in this research, an increase in follicle number was also observed. It should be emphasized that other environmental factors may have role in these effects. Therefore, the effect of different study conditions should also be investigated in detail.

## Declaration

The present study was designed and conducted by Nadi Keskin MD, with the contributions and approval of Prof. Halil Saygili MD, an academic member of the Istanbul Medical Faculty, Istanbul University, as an extended study of 'Histopathological Changes Induced by talc Exposure in Rats' [9] previously published in 'Endokrinolojide Yönelisler Dergisi' (2005; volume 14, number 4). The language of this manuscript was edited by SPi Professional Editing Services (<http://www.prof-editing.com/index.php>).

**Table 1** Groups of histopathological changes observed in the genital system of experimental animals

	Normal	Vulvovaginitis	Endometritis	P ID	Findings of ovarian infection ( $n = 2 \times 7 = 14$ )	Salpingitis and tubal occlusion ( $n = 2 \times 7 = 14$ )	Neoplastic changes	Preneoplastic changes
Group 1 ( $n = 7$ )	5	2	0	1	1 (2 ovaries)	1 (2 fallopian tubes)	0	0
Group 2 ( $n = 7$ )	6	0	1	0	0	0	0	0
Group 3 ( $n = 7$ )	0	5	6	4	7 ( $2 \times 3 + 1$ )*	8 ( $2 \times 4$ )	0	0
Group 4 ( $n = 7$ )	0	7	4	5	8 ( $2 \times 4$ )	5 ( $2 \times 2 + 1$ )**	0	0

Statistical comparisons of the groups were done by using Fischer exact test. Following positive correlations were found between groups: Group 3 and Group 1,  $P = 0.021$ ,  $P < 0.05$ ; Group 3 and Group 2,  $P = 0.005$ ,  $P < 0.05$ ; Group 4 and Group 1,  $P = 0.021$ ,  $P < 0.05$ , Group 4 and Group 2,  $P = 0.005$ ,  $P < 0.05$ . Other comparisons did not reveal statistically significant results ( $P > 0.05$ )

Group 1: control group with no intervention, Group 2: control group receiving intravaginal saline administration, Group 3: study group receiving intravaginal talc application, Group 4: study group receiving perineal talc application

\* In this group, one rat had infection findings in only one ovary. For the remaining, both ovaries were involved, \*\* In this group, one rat had infection findings in only one fallopian tube

## Discussion

Various etiological factors have been cited for genital cancers. A number of studies on talc have been conducted to investigate its effect on the development of ovarian cancer, the most fatal among these malignancies; it is commonly accepted as an important etiological factor for this cancer [1–4]. In recent years, some studies (meta-analysis) have been averse to defend this concept [5, 6]. Asbestos is a well-known carcinogen that has a particular role in the development of pleural or peritoneal mesothelioma. It has also been associated with ovarian cancer [8–10]. However, because of differences in the structure of talc and asbestos, the carcinogenic effect of asbestos has also been examined.

Talc is an important industrial material, because of its resistance to electricity, heat, and acid. Therefore, it is widely used in plastic surfaces, especially in surgical gloves, various plastic apparatus, and gynecologic services, and women are commonly known to use it for sanitation purposes. Other applications for talc include contraceptive diaphragms and condoms [5], and the treatment of pleural effusions and pleurodynia [13–15].

Surveys on the hygienic practices of women and talc application on the perineum, animal experiments, and clinical trials are among the studies that investigate the carcinogenic effects of talc [16, 17]. Since the first study showing an almost twofold increase in the risk of ovarian cancer with any perineal talc use [3], most case-control studies have demonstrated positive associations with talc use [4, 18]. Not all of them have been statistically significant [19–21]. Several studies [21–23] did not find an overall association between any genital talc use and ovarian cancer. Some studies [21, 22, 24] have demonstrated statistically insignificant trends in risk with increased frequency of talc use, duration of use, and measures of “total lifetime applications,” whereas other studies [19, 20] have not observed a statistically significant dose response. With regard to histologic subtypes, a recent study by Cramer et al. [24] observed the greatest risk of talc use in invasive serous cancer; however, other studies have found increased risks for endometrioid cancers [4, 21], serous cancers [25], and invasive cancers of all subtypes [4]. Because serous cancers which account for over half of all invasive ovarian cancers, most resemble mesotheliomas, it could be hypothesized that this subtype may be most likely associated with talc use.

There have been few studies [26, 27] of talc exposure in animals and these studies have not demonstrated an increase in ovarian cancer among animals subjected to continuous talc exposure. These data should be interpreted cautiously because there are important anatomic and physiologic differences between rodents and humans. In animals, talc is often administered at high dose via aerosol exposure [26].

Some studies found a positive relation between ovarian cancer and perineal talc application. Cramer et al. [3], Rosenblatt et al. [28], and Chang et al. [4] have reported relative risks of 1.92 (95% CI 1.3–2.9), 2.4 (95% CI 1.1–5.3), and 1.42 (95% CI 1.08–1.86), respectively. This shows an increased risk correlation between the use of talc as a cosmetic and ovarian cancer, but this increased risk is not significant. Studies by Cramer et al. describe the relationship between talc and ovarian cancer; thus, “Our studies have suggested an increased risk for ovarian cancer associated with the use of talcum powder in genital hygiene, but the biologic credibility of the association has been questioned.”

In a meta-analysis, Huncharek implied that earlier epidemiological studies suggest an association between perineal cosmetic talc use and increased risk of epithelial ovarian cancer. This meta-analysis was performed to evaluate such an association. Available observational data do not support the existence of a causal relationship between perineal talc exposure and an increased risk of epithelial ovarian cancer [5]. Selection bias and uncontrolled confounding may account for positive associations observed in prior epidemiological studies. In addition, in a review, Muscat implied that talc is not genotoxic. Mechanistic, pathology, and animal model studies have not found evidence of a carcinogenic effect. In summary, these data collectively do not indicate that cosmetic talc causes ovarian cancer [6].

Talc has been used routinely in humans in the treatment of pleural effusions, where talc is directly applied to the human pleura. Long-term follow-up studies of humans undergoing this procedure have not shown a single case of malignancy induced by talc [13–15].

Animal data in relation to talc toxicity are important: Wagner et al. [29] used Italian talc in experimental animal study; Italian talc has been tested on rats using three routes, intra-pleural inoculation, inhalation, and ingestion. Groups exposed to superfine chrysotile asbestos and untreated controls were included for comparison. In all the experiments, animals were allowed to live out their lives. The intra-pleural inoculation of talc produced no mesotheliomas in contrast to 18 produced by the chrysotile asbestos. After ingestion, one leiomyosarcoma occurred with Italian talc and one with chrysotile asbestos. Whether these tumors are a consequence of the feeding is uncertain. The inhalation studies demonstrated that with equal dosage, talc can produce a similar amount of fibrosis as asbestos. However, the chrysotile-exposed rats developed lung adenomas, adenomatosis, and an adenocarcinoma, whereas the only lung tumor seen in animals exposed to talc was a small adenoma, which may have been an incidental finding. In another experimental animal study [30], 256 Wistar rats received a single injection of crocidolite into the right pleural cavity to induce mesotheliomas. Subsequently, they

were given right intra-pleural injections of BCG, crystalline silica, talc, carrageenan, or saline (as a control). There was no significant change in the mesothelioma rate in the rats exposed to BCG, silica or talc, but there was a threefold increase in mesothelioma incidence in the group injected with carrageenan.

Wagner, Huncharek, Hill, Muscat, and others hold that talc is not carcinogenic. Also in this study, carcinogenic effect of talc has not been determined either in any female rat genital system tissue or in ovary tissue.

In an experimental study on rats, Henderson et al. [31] demonstrated the presence of talc in the ovaries following vaginal talc application. Similarly, in the study of Egli et al. [32], carbon particles reached the fallopian tubes in 30–35 min. Therefore, talc disseminates to vulvovaginal region, endometrium, fallopian tubes, ovaries, and peritoneum after vaginal examination, raising the possibility of changes—even preneoplastic or neoplastic—due to talc exposure following perineal or vaginal talc application. Langseth et al. [33] are skeptical about the association between perineal talc application and ovarian cancer. In their article, Langseth et al. expressed that the origin of ovarian cancer is multifactorial, especially breast cancer patients who are BRCA 1 and BRCA 2 gene carriers, who have increased the risk of ovarian cancer. Therefore, the role of environmental factors such as talc and asbestos in cancer formation is suspected of being overstressed.

Salazar et al. examined histological changes in BRCA 1 gene positive women who underwent prophylactic oophorectomy because of their high inherited risk of ovarian cancer, and reported the following findings: increased follicular activity, hyperplasia of corpus luteum, hilar cell hyperplasia, pseudostratification of superficial epithelium, superficial papillomatosis, cortical stromal hyperplasia, and hyperkeratosis. These investigators defined increased follicular activity, hyperplasia of corpus luteum, and other findings as preneoplastic phenotypes in ovaries with high risk [34]. If talc application has a carcinogenic effect on ovaries, this study would also obtain similar findings. In the present study, experimental animals exposed to talc both via vaginal and perineal application for 3 months did not show the abovementioned changes except for an increased number of follicles. Although both the control and study groups showed an increase in follicle number, thus it was not attributed to talc application; however, the increase in follicle number could not be explained as well. Therefore, this study did not demonstrate an association between talc application and peritoneal/ovarian cancer.

In both groups exposed to talc (Groups 3 and 4), evidence of foreign body reaction and infection along with an increase in inflammatory cells were found in all the genital tissues. Muscat comments on this [6]: “Given the dissimilarities between talc and asbestos with regard to their

fibrous shapes, the weak but increased associations in the epidemiologic studies could be attributed to other mechanisms assuming that the statistical associations are unbiased and not due to confounding. Asbestos fibers in the lung initiate an inflammatory and scarring process, and it has been proposed that ground talc, as a foreign body, might initiate an inflammatory response [35]. Pelvic inflammatory diseases, however, such as endometritis, peritonitis, tubo-ovarian access formation, and salpingo-oophoritis have in general not been associated with an increased risk of ovarian cancer.”

Similar to Muscat’s comments, this study also demonstrated unfavorable effects of talc on female genital system; however, it was in the form of foreign body reaction, infection, or increased adhesions, rather than neoplastic. In addition, the authors of this study believe that talc may have caused foreign body reaction, infection, or increased adhesions, which should be important for infertile patients.

Endometrial cancer is the most common genital malignancy among women. Unbalanced estrogen levels are being blamed for its etiology [36]. Various physical and chemical factors have also the potential to initiate preneoplastic and neoplastic stimulus [37]. A literature search did not reveal any study examining such an effect of talc on the endometrium. However, this study could not demonstrate any preneoplastic or neoplastic effect of talc on endometrial tissue.

Etiological factors for vulvar, vaginal, and cervical cancers have been largely discovered; in particular, HPV (Human Papilloma Virus) has been identified as an etiological factor [38]. In addition, physical and chemical factors have also been held responsible. However, talc is not counted among these factors and a clinical study examining such an effect does not exist. None of the rats in this study showed an evidence of such an effect.

Talc application has unfavorable effects on female genital system, particularly on ovaries and fallopian tubes. This usually manifests itself in the form of tissue injury, macrophage infiltration, and an increased rate of infections and development of adhesions [8, 39–41]. Holmdahl [42] emphasized the important role of talc in the development of adhesions after intraperitoneal surgery. Merritt et al. [8] reported an increase in chronic pelvic infections following perineal talc application. Ellis et al. [43] also emphasized the unfavorable effects of talc spilling from surgical gloves. In the present study, compared to the controls, a significantly increased rate of infection was found among the rats exposed to talc, which was particularly prominent for endometrial tissue, uterine tubes, and pelvic peritoneum. These tissues exhibited epithelial tissue injury, macrophage infiltration, and adhesions. Tubal adhesions are important in the context of infertility. In addition, the high rate of vulvovaginitis may have important implications for patients undergoing frequent gynecological examinations and for

immunocompromised patients attending outpatient gynecological oncology clinics.

In conclusion, the present study demonstrated unfavorable effects of talc on female genital system in the form of foreign body reaction, infection, or increased adhesions, rather than neoplastic. Moreover, the authors believe that talc may have a stimulating effect on ovaries, which should be further investigated particularly in infertile patients. However, the authors of this study highlight the fact that other environmental factors may have role in the increased follicle number presented by the control group. Therefore, separate intensive studies in the series, to demonstrate the effect of talc on the ovary should be considered.

**Conflict of interest statement** None.

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